



Lecture 4

CHS 456

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Quote of the day

“Optimism is a happiness magnet. If you stay positive good things and good people will be drawn to you.” – Mary Lou Retton



- Psychology and role of motivation
- Foundational conceptual components:
 - Motivation
 - Action
 - Environmental support
- Key theories that help us understand motivation for health and nutrition behaviors

Health Behavior theories

- The Health Belief Model (HBM)
- The Theory of Reasoned Action (TRA)/Theory of Planned Behavior (TPB)
- Stages of Change Model “Transtheoretical model”
- Social-cognitive theory
- The diffusion of innovation model
- COM-B wheel of change

Enhancing motivation and empowerment for behavior change

- Theories for motivation and empowerment for behavior change
- The Health Belief Model (HBM)
- The Theory of Planned Behavior
- Application of theories in nutrition education interventions

The Health Belief model

The HBM states that a person's readiness to change to take action or make a health behavior change is influenced by their health beliefs i.e.:

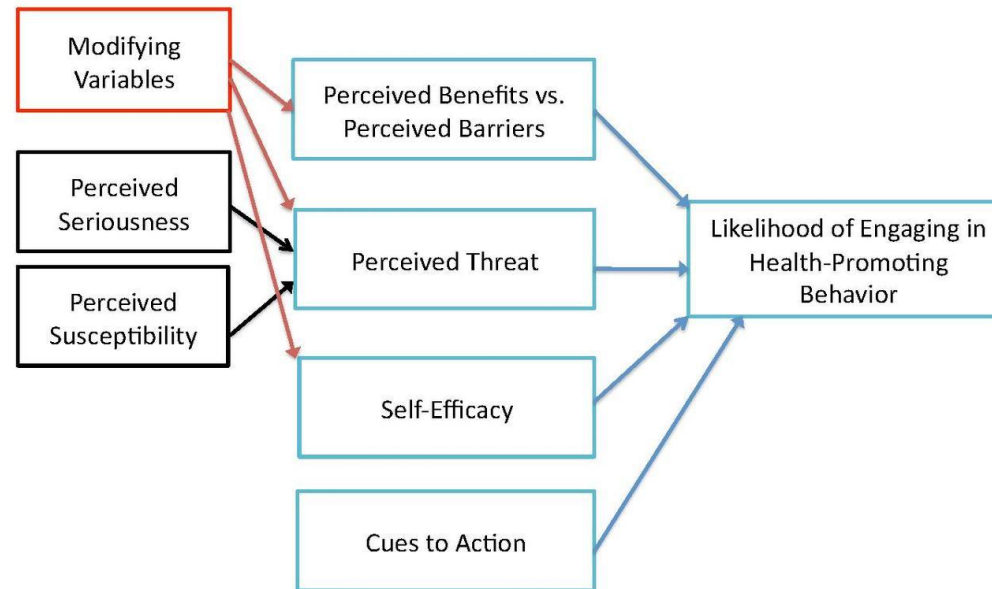
- Their beliefs about their risk for a health condition.
- Their beliefs about the benefits/barriers to taking action to reduce the threat of the condition.
- Whether they feel confident in carrying out the behavior.

HBM proposes that readiness to take action is based on the following beliefs:

- *“I am susceptible to this health risk/problem”.*
- *“The threat to my health is serious”.*
- *“I am convinced that the benefits of the recommended action outweigh the barriers/costs”.*
- *“I am confident that I can carry out the action successfully”.*
- *“Cues to action are present to remind me to take action”.*



The Health Belief Model



Determinants of HBM

1. **Perceived susceptibility** - This refers to a person's subjective perception of the risk of acquiring an illness or disease. There is wide variation in a person's feelings of personal vulnerability to an illness or disease.
2. **Perceived severity** - This refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). There is wide variation in a person's feelings of severity, and often a person considers the medical consequences (e.g., death, disability).
3. **Perceived benefits** - This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or disease).

4. **Perceived barriers** - This refers to a person's feelings on the obstacles to performing a recommended health action. There is wide variation in a person's feelings of barriers, or impediments, which lead to a cost/benefit analysis. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous (e.g., side effects), unpleasant (e.g., painful), time-consuming, or inconvenient.

5. **Cue to action** - This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.).

6. **Self-efficacy** - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. This construct was added to the model most recently in mid-1980. Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior.

Limitations of HBM

- It does not account for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of a health behavior.
- It does not take into account behaviors that are performed for non-health related reasons such as social acceptability.
- It does not account for environmental or economic factors that may prohibit or promote the recommended action.
- It does not provide specific or guided details on how to maintain action in the long-term.

How to apply HBM to nutrition education interventions ?

Determinant of BC	Definition	How to use in nutrition education
Perceived susceptibility	Chances of personally experiencing a risk of getting a health condition e.g., cancer.	Provide messages or activities to personalize scientifically based risk by examining family history.
Perceived severity	Beliefs about the seriousness of the consequences of health condition.	Provide statistics, evidence, or stories about seriousness of heart disease.
Perceived risk/threat	Involves a combination of perceived susceptibility and severity.	Provide clear message about the serious threat posed by a health condition based on scientific based evidence and its possible impact on individuals and others.
Perceived benefits	Beliefs about expected positive outcomes from a behavior change.	Provide messages based on scientific evidence on the efficacy of changing behavior.

Perceived barriers	Beliefs about the expected negative outcomes, challenges or costs, both tangible and personal, that will come from behavior change.	Identify and reduce perception of specific barriers to engaging in health. Correct misconceptions.
Self-efficacy	Confidence in one's ability to carry out the behavior or action needed to produce desired outcomes.	Create activities on how to facilitate behavior change; provide opportunities of guided practice of the targeted behavior.
Cues to action	Strategies to activate the readiness to change.	Provide reminders for change: refrigerator door magnets, billboards, and media campaigns.

- This theory is especially useful for designing nutrition education activities, materials, social media, or internet content to enhance motivation by focusing on **why to take action** to reduce the risk of health-related illness & on **assessing benefits and barriers** to taking action.

Case study: Fresh conversations

A program that aims to lower nutritional risk and decrease sedentary time that supports healthy aging and independence in older adults aged 60+. Fresh Conversations includes monthly meetings that facilitate conversations about healthy eating and active living using newsletters based on current nutrition and health topics.

Did you know? Fresh Conversations launched a new virtual format in 2020, and 1,811 older adults were reached at congregate meal sites and in their homes through conference calls and video conferencing.



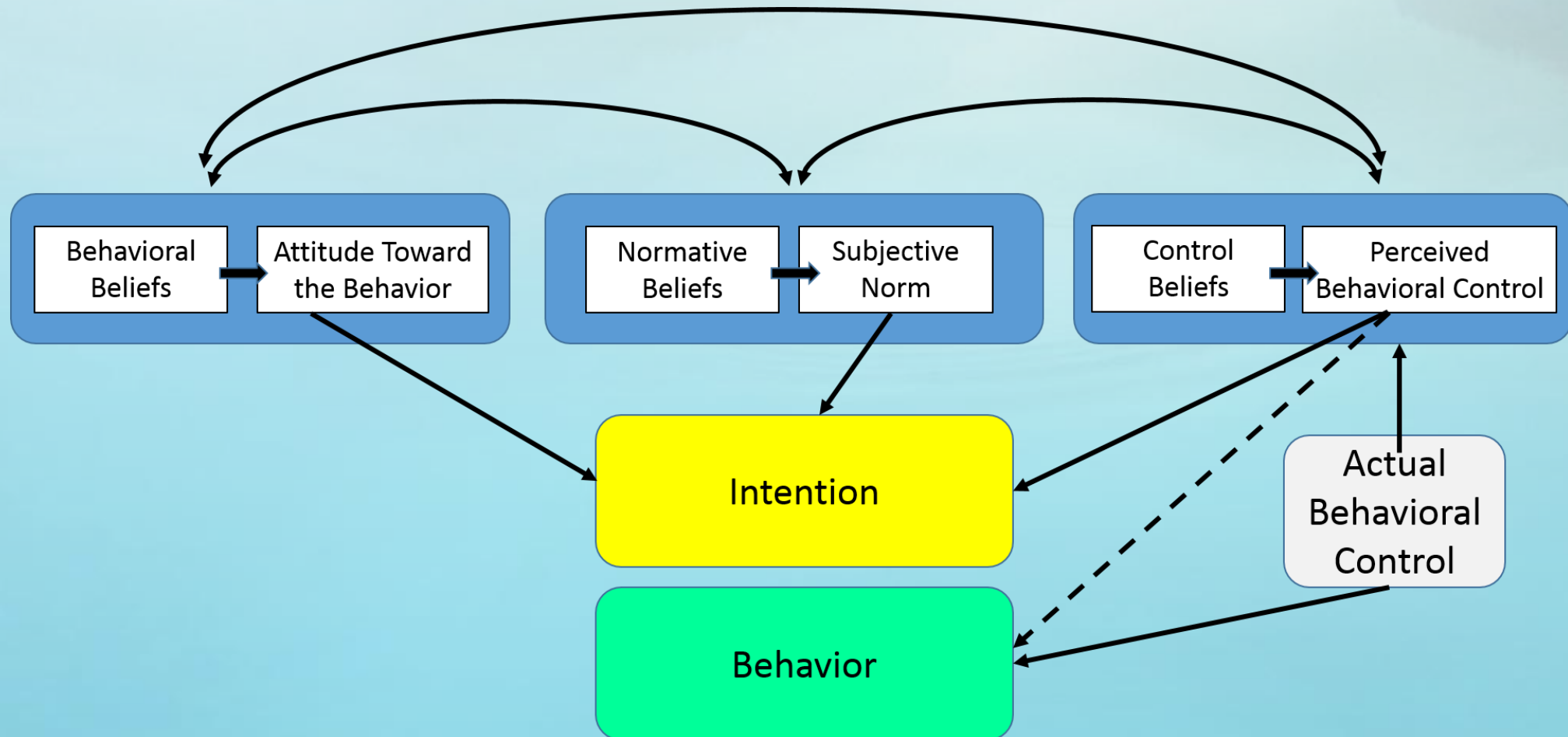
Case study: Fresh conversations

- **Perceived barriers:** addresses barriers that healthy foods are more expensive.
- **Perceived benefits:** emphasizes how healthy eating can reduce the number of health conditions, like diabetes, experienced by elderly.

The Theory of Planned Behavior (TPB)

- The Theory of Planned Behavior (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to engage in a behavior at a specific time and place.
- The theory was intended to explain all behaviors over which people have the ability to exert self-control.
- The key component to this model is **behavioral intent**; behavioral intentions are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome.

TRA/TPB theory



How does TBP help nutrition educators ?

1. Help us understand individual/group own reasons to motivate, determine, or predict their current behavior.
2. When we use our understanding of how factors such as beliefs, attitudes, opinions of others, and self-efficacy explain and predict behavior to design nutrition education programs to help enhance motivation and activate our audiences.

How to apply TBP on nutrition education interventions ?

BC determinant	Definition	Application in nutrition education
Outcome expectations	Individuals' beliefs that the behavior will lead to certain outcomes. Perceived benefits and perceived barriers.	Provide activities to enhance people's expectations about taste, health benefits, and convenience of eating F & V. Decrease perceived barriers from the behavior (cost and time to prepare).
Attitudes	Individuals' favorable or unfavorable judgment about enduring of a behavior.	Messages and images can show healthful behaviors in a positive light. Food experiences to make healthy foods pleasurable.
Perceived norms	Individuals' beliefs that people that are important to them approve/disapprove of them performing a behavior.	Help individuals clarify expectations for their behavior and evaluate whether they should comply or not.

Perceived norms:
descriptive norms

Individual's beliefs about important others' attitudes or behaviors in regard to the behavior.

Give data to teens on

Perceived behavioral control
Self-efficacy

Individuals' perceptions to what they are capable of, or have control over, performing a behavior.

Provide messages that the behavior can be easy and convenient. For example, provide demonstration on how to cook F & C.

Behavioral intention

A statement reflecting the individuals' perceived readiness or conscious decision to engage in a behavior or take a given action.

Lead group through decision-making activities to assess personal and negative expectations of change and commitment to trying the new action or behavior change.

Intention to take action is based on the following beliefs or convictions:

- *“I believe that taking this action will lead to better outcomes”.*
- *“I believe that the positive outcomes of this changed behavior will outweigh the negative outcomes”.*
- *“My best friends think that I should take this action”.*
- *“I am confident that I can carry out the action, despite the difficulties”.*



Case scenario

“Give your child a smile of a lifetime- reach for healthy drinks”

Behavior change goal: Parents will reduce their children’s consumption of sugary drinks and replace it with water and healthy drinks such as milk for strong teeth and strong bones.

Attitude:

The nutrition educator shows Sarah an image of strong bones and children from different ethnic background smiling and happy.....Sarah likes the picture she sees and develops a positive attitude.

Perceived barrier:

- Moms have a dilemma: In a focus group, mothers recognize the importance of drinking healthy drinks vs. sugary drinks but raises concern regarding the difficulty in getting their children to drink water.

Overcoming perceived barrier (self-efficacy):

Nutrition educator shares with them evidence from research on the importance of parents being authoritative, in addition to showing warmth and care.

They can ask their children to choose between 2-3 healthy drinks.

Brainstorm ideas with the group on how to make healthy drinks attractive.

